

Tests Pending at Discharge Survey

Brigham and Women's Hospital; Boston, Massachusetts

This is a questionnaire designed to be completed by physicians in an inpatient setting. The tool includes questions to assess the current state of and attitudes around clinical messaging.

[Email subject line] Your patient's post discharge test results - Feedback requested

Dear Dr. _____,

Confidential SURVEY CODE: _____

We are studying your awareness of the final result(s) of test(s) pending at discharge. We would appreciate if you would answer a brief survey (at most 10 questions, approximately 2 minutes) regarding the result(s) listed below.

Your replies will be kept entirely confidential. Your individual responses will not be made available to the hospital administration, and your identification will be removed prior to analysis. You may refuse to answer this survey. For completing the survey, you will receive a \$20 gift card (limit one per month). You may also opt out of this study at any time by contacting _____ at _____ or by email at _____.

Your patient, _____ (MRN: _____), who was admitted from _____ to _____, had the following test(s) resulted since discharge:

<name of test> <result> <normal range> <date & time resulted>

Please access the following link to answer questions with regard to the above result(s):

(for Intervention group): _____

(for Control group): _____

Confidential SURVEY CODE: _____

Survey

Please enter the confidential survey code provided in the email linking you to this web-survey (two letters and four numerals): _____

Your response will be kept confidential and your identification will be removed prior to analysis.

Please answer the following questions with regard to the result(s) listed in the email linking you to this web-survey.

1*. Were you aware of any of these results before reviewing them in this survey request?

- Yes
- No

<If yes, proceed to question 3>

<If no, proceed to question 2>

2*. Were you previously notified by email of any result listed in this survey?

- Yes
- No

<If yes, proceed to question 3>

<If no, proceed to question 6>

3. Approximately how many of these results did you previously know about before reviewing them in this survey request? **Consider results listed in each line individually.**

- a) Few (1-33%)
- b) Some (34-66%)
- c) Most (67-99%)
- d) All (100%)

4. How did you become aware of the result(s)? Please select all that apply.

- a) I remembered to look-up the result(s) myself
- b) I reviewed an automated email message notifying me of the result(s)
- c) I was contacted by the laboratory staff (chem, heme, micro), pathologist, and/or radiologist
- d) I was contacted by the patient's PCP
- e) I was contacted by another member of the primary inpatient team (e.g., student, intern, resident)
- f) I was contacted by a member of the inpatient consultant team (e.g., fellow, specialist)
- g) I received a paper report of the result(s) by regular mail or fax
- h) The patient contacted and/or asked me to look up the result(s)
- i) Other (please specify):

5. Did you discuss (by phone, email, or in person) any result(s) with the patient's PCP?

- Yes
- No

6*. At least one result prompted or will prompt action by me.

- True
- False

<If True, proceed to question 7>

<If False, proceed to question 9>

7*. Please name the specific test(s) whose result(s) prompted or will prompt action by you (e.g., "UA", "RPR", etc.; if none, please write "NONE"): _____

8. Which action(s) did or will you take based on the result(s)? Please select all that apply.

- a) Notify the patient
- b) Communicate with the patient's PCP
- c) Communicate with the patient's specialist physician(s)
- d) Communicate with other members of the patient's care team (e.g. care coordinator, visiting RN, etc.)
- e) Request further testing or treatment
- f) Refer the patient to follow-up in an ambulatory clinic
- g) Refer the patient to the emergency department or hospital
- h) Document a note in the patient's chart (e.g., electronic medical record or physical chart)
- i) Other (please specify):

Please state how much you agree or disagree with the following statements:

9. I am satisfied with my current system of managing tests pending at discharge.

- a) Strongly agree
- b) Agree
- c) Neither agree nor disagree
- d) Disagree
- e) Strongly disagree

10(I). (Intervention Arm Only) I am satisfied with automatic email notification of the finalized results of tests pending at discharge.

- a) Strongly agree
- b) Agree
- c) Neither agree nor disagree
- d) Disagree
- e) Strongly disagree

10(C). (Control Arm Only) In the future I would like to receive automatic email notification of the finalized results of tests pending at discharge.

- a) Strongly agree
- b) Agree
- c) Neither agree nor disagree
- d) Disagree
- e) Strongly disagree

11. Please use the space below for additional comments or suggestions:

Thank you for your time. If you have questions regarding this survey, please contact _____.